

**APPLICATION FOR ACCREDITATION OF CONTINUING LEGAL EDUCATION ACTIVITY**

**To be submitted 30 days prior to CLE activity if submitted by program sponsor or late fees will apply**  
See SCR 3.662 and 3.665 – Qualifying Continuing Education Activities, Standards, and Procedure for Accreditation

1. Name and address of organization providing or sponsoring the activity (Not the name of the person applying):

\_\_\_\_\_  
\_\_\_\_\_

2. Telephone number of provider/sponsor: \_\_\_\_\_

3. Title of educational activity: \_\_\_\_\_

4. Date of activity: \_\_\_\_\_

5. Location of activity: \_\_\_\_\_

6. Registration Fee: \$ \_\_\_\_\_

7. Method of presentation or transmission:

- Live (A "live" program takes place at a specific time and includes the opportunity to interact with or question the instructor. A video replay with a qualified attorney-facilitator, webcasts, and teleconferences are all "live" programs).
- Technological (A "technological" program is pre-recorded, available on demand, with no live interaction.)

8. **WRITTEN MATERIALS MUST BE AVAILABLE** to participants at the program in order to qualify for CLE accreditation. Please provide a thorough **DESCRIPTION** of materials, including total number of pages.

\_\_\_\_\_  
\_\_\_\_\_  
(Send complete set of materials **ONLY** if requested by the CLE Commission.)

9. Complete **ONLY** for "in-house activity" (See SCR 3.662(k) to determine applicability):

a. Outsiders are \_\_\_\_\_% of faculty (must be at least 50% to qualify)

10. Method of evaluation:  Participant/attendee critique  Independent evaluator  None

11. **REQUIRED ATTACHMENTS TO THIS APPLICATION:**

1. Brochure, which includes detailed time schedule, topics and speakers (including speaker bios)
2. Application fee:
  - a. KBA Members = \$20
  - b. Program Sponsors = \$20 for programs less than two hours in length; \$50 for longer programs (SPONSORS ONLY: If the application is not submitted 30 days in advance of the program, the fee doubles to \$40 or \$100, respectively).

12. Minutes of instruction, not including breaks, meals or introductions:

General: \_\_\_\_\_

Ethics: \_\_\_\_\_

Total: \_\_\_\_\_

12. Application submitted by:  representative of Sponsor/Provider  Individual Attorney

a. **Name and Address** of Applicant if Individual Attorney

\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ KBA ID number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_